

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005385

1. Entity Name

THE LADIES' AUXILIARY OF POST #3 OF THE REGULAR

Principal Place of Business
3621 CENTURY BOULEVARD
LAKELAND FL 33811

Mailing Address
3621 CENTURY BOULEVARD
LAKELAND FL 33811

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90221 007 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3261216 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, STEPHEN C
101 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing-
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, KAREN V 3066 SHOAL CREEK DRIVE LAKELAND FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOCK, DONNA 2061 EAST KEYSVILLE RD LITHIA FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTS, LOU 415 MARTHA STREET LAKELAND FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYATT, CAROLE 375 BRANNEN RD #53 LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Hammock <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 903621 Century Blvd Lakeland FL 33811 V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUCE, SANDY C/O 3621 CENTURY BLVD. LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATHEY, TONYA 3621 CENTURY BLVD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Tonya Cathey President *Tonya Cathey 2/2/01 648933*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #